



Emergency Medical Consent Form

CHILD 1 NAME: _____ BIRTHDATE: _____
SURNAME, GIVEN NAME MM/DD/YYYY

CHILD 2 NAME: _____ BIRTHDATE: _____
SURNAME, GIVEN NAME MM/DD/YYYY

ADDRESS: _____

GUARDIAN NAME: _____ EMAIL: _____

PHONE 1: _____ PHONE 2: _____

GUARDIAN NAME: _____ EMAIL: _____

PHONE 1: _____ PHONE 2: _____

EMERGENCY CONTACT: _____ CAN MAKE CHANGES TO MY ACCOUNT

PHONE: _____ EMAIL: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

MOST RECENT TETANUS SHOT: _____ ALLERGIES: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER 1 _____

CARE CARD NUMBER 2 _____

CONSENT

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. We will take a copy of this consent with us to the emergency centre.
- 3) I hereby give consent for my child, _____, to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT / GUARDIAN